ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO. (Optional): FAX NO. (Optional):	
TELEPHONE NO. (Optional): FAX NO. (Optional): E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
, ,	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
PETITION FOR PROTECTIVE ORDERS	CASE NUMBER:
(Elder or Dependent Adult Abuse) (CLETS)	
(Elder of Dependent Addit Abuse) (CLE13)	
NOTE: This form must be completed and filed with an Order to Show Cause and Temporary	y Restraining Order (Form EA-120). A
separate petition must be filed for each person to be protected.	
1. Petitioner (name):	
a. the person to be protected.	
b. the conservator of the person to be protected.	
c. the guardian ad litem for the person to be protected.	
d. other (describe relationship and capacity):	
d other (describe relationship and capacity).	
2 DEDCONTO DE DOCTECTED (nomo):	
2. PERSON TO BE PROTECTED (name):	
a is age 65 years or older.	
b is between the ages of 18 and 64, and has physical or mental limitations that re	strict his or her ability to carry out normal
activities or to protect his or her rights (describe physical or mental limitations):	
c. Relationship to person seeking order (describe):	
3. a. PERSON TO BE RESTRAINED (name):	
b. DESCRIPTION:	
J. SEGORII HOR.	
Sex: M F Ht.: Wt.: Hair color: Eye color: Race:	Age: Date of hirth:
Sex IVI F Tit VVI Flail Color Eye Color Race	Age Date of birtil
4. The person to be protected has has not been involved in other court a	actions with the person to be restrained in
which restraining orders were issued. (If other court actions are known, please specify the	
	e case numbers and the county or other
state, and attach copies of orders if available):	
5. RELATED CASES (specify):	

THIS IS NOT AN ORDER

(Continued on reverse)

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WEST GROUP

	PETITIONER:	CASE NUMBER:			
F	RESPONDENT:				
6.	This petition should be granted because a the person to be restrained caused the person to be protected to suffer physical harm or pain or mental suffering through physical abuse, financial abuse, abandonment, isolation, abduction, or other treatment. b the person to be restrained has the care or custody of the person to be protected, but has neglected that person or deprived the person of goods or services that are necessary to avoid physical harm or mental suffering.				
PETITIONER REQUESTS THE COURT TO MAKE THE ORDERS INDICATED BY THE CHECK MARKS IN THE BOXES BELOW.					
7.	PERSONAL CONDUCT ORDER Petitioner seeks an order that the restrained person must not abuse, intimidate sexually assault, batter, harass, telephone, destroy the personal property of, cotherwise, or disturb the peace of the protected person.				
8.	RESIDENCE EXCLUSION ORDER a. Petitioner seeks an order that the restrained person must immediately move from the person must immediately move fro	d to remain in effect until the hearing. om and must not return to (address):			
	 and may take only personal clothing and effects needed until the hearing. b. The residence exclusion order should be granted because The person to be protected has a legal right to live at the address listed about the person to be protected will suffer physical or emotional harm if the rest residence. Title to or lease of the residence at the address listed above is not in the solution or is it in the name of the person to be restrained and another person beside) The restrained person assaulted or threatened to assault the person to 	ole name of the person to be restrained ides the person to be protected.			
9.	STAY-AWAY ORDER Petitioner seeks an order that the restrained person must stay at least (specify): protected person and the following places: a. The residence of the protected person located at (specify): b. The place of work of the protected person (specify): c. The vehicle of the protected person (specify): d. Other (specify):	d to remain in effect until the hearing yards away from the			
10.	If the restrained person is ordered to stay away from all the places requested in item 9, to his or her residence, school, place of employment, or place of worship? (If no, explain):	will the restrained person still be able to get Yes			
11.	ATTORNEY FEES AND COSTS Petitioner requests that petitioner's attorney fees and costs be paid by the restrain				

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(Continued on page three)

_	PETITIONER:	CASE NUMBER:		
ı	RESPONDENT:			
12.	ORDER SHORTENING TIME Petitioner requests that time for service of the Order to Show Cause and accompa may be served no less than (specify number): days before to this process shortened, provide additional facts to support your request):	nying papers be shortened so that they he date set for hearing. (If you need		
13.	FACTS SUPPORTING PETITION a. DESCRIPTION OF ABUSE (Describe in detail the most recent incidents of abuse. Les incident, including who did what to whom and any injuries. Describe any history of a Description is contained in the attached declaration (you may use Form MC).	buse.)		
	b. ADDITIONAL FACTS SUPPORTING PETITION (describe if appropriate) Facts are contained in the attached declaration (you may use Form MC-031)	or are as follows:		
14.	OTHER ORDERS (Specify any other orders that you are requesting. You must proneed more space, you may use Form MC-031):	ovide reasons for your requests. If you		
Please note that this <i>Petition For Protective Orders</i> and the orders issued by the court must be personally served on the restrained person. No person to be protected, including yourself, may personally serve these papers.				
Date:				
	•			
	(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY)		
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date:				
	•			
	(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)		

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